

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.

ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID

00461

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) BEHOUNEK, JOSEPH FAUSTER		2. DEPARTMENT, COMPONENT AND BRANCH NAVY - USN		3. SOCIAL SECURITY NO. (b)(6)	
4.a. GRADE, RATE OR RANK CMCT	4.b. PAY GRADE E1	5. DATE OF BIRTH (YYMMDD) (b)(6)		6. RESERVE OBLIG. TERM. DATE Year N/A Month N/A Day N/A	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY (b)(6) NM		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) (b)(6) NM (b)(6)			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVAL MOBILE CONSTRUCTION BATTALION SEVEN		8.b. STATION WHERE SEPARATED NMCB SEVEN GULFPORT MS			
9. COMMAND TO WHICH TRANSFERRED N/A		10. SGLI COI (b)(6) Amount:			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years) CM - 0000		12. RECORD OF SERVICE			
		a. Date Entered AD This Period			
		b. Separation Date This Period			
		c. Net Active Service This Period			
		d. Total Prior Active Service			
		e. Total Prior Inactive Service			
		f. Foreign Service			
		g. Sea Service			
		h. Effective Date of Pay Grade			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL; SEA SERVICE DEPLOYMENT RIBBON (W/1 BRONZE STAR).					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) CONSTRUCTION MECHANIC "A" SCHOOL 13WKS, 93SEP.					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes No (b)(6)	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes No (b)(6)
16. DAYS ACCRUED LEAVE PAID (b)(6)		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION (b)(6)			
18. REMARKS "THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM."					
19. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) (b)(6)		20. NEAREST RELATIVE (Name and address, include Zip Code) (b)(6) (b)(6)			
21. MAILING ADDRESS COPY SENT TO (b)(6)		22. NAME, GRADE, TITLE AND USN, PERSON BY DIR			
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION DISCHARGED		24. CHARACTER OF SERVICE (include upgrades) (b)(6)			
25. SEPARATION AUTHORITY (b)(6)		26. SEPARATION CODE (b)(6)		27. REENTRY CODE (b)(6)	
28. NARRATIVE REASON FOR SEPARATION (b)(6)					
29. DATES OF TIME LOST DURING THIS PERIOD (b)(6)					